

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Public Health Service**

RIN 0905-ZA88

**Availability of Funds for a Cooperative Agreement To Prevent Cancer in Minority Populations**

**AGENCY:** Office of Minority Health, Office of the Assistant Secretary for Health.

**ACTION:** Notice.

**Introduction**

The Office of Minority Health (OMH) of the U.S. Public Health Service (PHS) announces the availability of Fiscal Year 1995 funds to support one demonstration cooperative agreement to establish a cancer prevention project in Philadelphia, Pennsylvania.

The OMH is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the health status, risk reduction and services and protection objectives for Health People objective priority area Number 16, cancer.

**Authorizing Legislation**

This cooperative agreement is authorized under Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527.

**Availability of Funds**

Approximately \$250,000 (direct and indirect costs) will be available in Fiscal Year 1995 to fund one cooperative agreement. Support may be requested for a project period not to exceed 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds. The funding estimate may vary and is subject to change.

**Background**

Since the publication of the Report of the Secretary's Task Force on Black and Minority Health, the OMH and all PHS agencies have made a commitment to reduce the excessive burden of disability and death borne by minority populations in the United States.

Congress has expressed a commitment to providing comprehensive primary health care services for urban city minorities: Asian Americans/Pacific Islanders; American Indians/Alaska Natives; Blacks; and Hispanics, with the objective of reducing the excessive

burden of disability and death within these populations. Congress is concerned about the increasing rate of cancer among the nation's minority populations and has expressed particular interest about the high rates in urban areas such as North Philadelphia. For example, in 1992, of the 173 cases of buccal cavity and pharynx cancer in males in Philadelphia, Black males had 92, or 53.4% of the cases. In the same year, of the 91 cases of esophagus cancer in Philadelphia's male population, Black males had 49 of the cases, or 53.8%. Of the 4,090 all cancer sites in males in Philadelphia, Black men had 1,727, or 35.1%. For all cancer sites for women, Black women had 2,547 of the 4,702 cases or 32.9%.

The high rates of cancer mortality in Philadelphia for the non-white population, supports the need to develop and deliver cancer services to diverse minority populations in order to study ways to improve mortality rates in urban areas.

Congress has recommended that the Office of Minority Health conduct a cancer outreach and service program in an urban area, such as Philadelphia. OMH plans to fund a cancer program in North Philadelphia to address these concerns.

Applicants should possess the following capabilities:

(1) Has the ability and track record to conduct a comprehensive needs assessment of the prevalence and impact of cancer on minorities in North Philadelphia compared to other parts of the city, the county, the state and the nation.

(2) Has a developed and expanded infrastructure to provide comprehensive cancer reduction health care services for high risk minorities who reside in North Philadelphia. Furthermore, the health care services are aimed at reducing unnecessary morbidity and cancer mortality rates among targeted low income minority populations of the service area.

(3) Has a comprehensive cancer care program embracing four components of care: the medical component, which consists of some combination of surgical, chemical and/or radiation therapy; the oral health component, which identifies linkages with the dental community, particularly minority dentists; the psychological component, in which the emotional needs of cancer patients are addressed; and the prevention component, which stresses behavioral changes in smoking and dietary practices, and education and cancer awareness programs.

(4) Is a teaching hospital in North Philadelphia which focuses on serving low-income minority populations.

(5) Has developed cancer research component to enhance treatment modalities and prevention strategies to target minority populations.

(6) Has demonstrated outreach linkages with minority neighborhoods through cancer screening in the community; and by promoting cancer prevention at community health fairs, through neighborhood businesses, and religious organizations.

(7) Has trained healthcare professionals with the work experience and track record of providing culturally appropriate outreach, screening and health care to Black, Hispanic, Native American and Asian populations, including the ability to communicate in a variety of languages.

**Applicant Eligibility**

Eligible applicants are public and private non-profit organizations with demonstrated capability to serve the target population in North Philadelphia. Only teaching hospitals located in North Philadelphia should apply.

The community served by the applicant should have a minority population (Black American and/or Hispanic/Latino) in excess of 60 percent, an unemployment rate exceeding the national average by at least 25 percent, and a poverty rate at least twice the national average.

**Program Requirements**

The cooperative agreement will include substantive involvement of both the recipient and the Federal Government. At a minimum, the following expectations are anticipated:

**Recipient Responsibilities**

(1) The recipient shall conduct a comprehensive needs analysis of cancer prevalence in the North Philadelphia community and document cancer rates for various types of cancers, i.e., breast, cervical, prostate, lung, skin, oral, etc., in the target area; compare prevalence to other areas of the county, state and the nation in order to justify the need, and justify the need to select specific types of cancer for the study.

(2) The recipient shall design a model for minorities in high risk, low income, urban communities which is integrated, culturally and linguistically sensitive community-based cancer outreach program. The model shall embody the four basic components of care: the medical component, which consists of some combination of surgical, chemical and/or radiation therapy; oral health component which includes linkages

with the dental community; the psychological component, in which the emotional needs of the cancer patients are addressed; and a prevention component which stresses behavioral changes and cancer awareness programs. The model shall provide for the treatment of cancer through early diagnosis and provide continuity of support to patients from screening through treatment. The model should include a viable coalition of community organizations, and appropriately utilize them to assist in the development of the project and accomplish the project objectives. The model should be a coordinated community approach that involves formal relations with established community organizations with high visibility and substantial ingress to the targeted population. The model shall have the potential for replication in similar communities.

(3) The recipient shall establish formal relations with a coalition or affiliation of community based organizations and professional associations to assist in the development and conduct of the project. Recipient shall also coordinate project activities with state and/or local health departments as appropriate.

(4) The recipient shall implement and conduct all facets of the model, including screening, treatment, and other necessary and desired support and follow-up activities, in the targeted minority community. All aspects of the project shall be fully operational within 10 months of the effective date of the cooperative agreement.

(5) The recipient shall evaluate the effects of the project in terms of numbers of patients screened and the provision of continuity of support to diagnosed cancer patients and submit a written evaluation report, within 1 year of the effective date of the cooperative agreement.

(6) The recipient shall prepare a manual for replicating the model in other similar communities. Consideration should be given to replication of the approach for diseases other than cancer.

(7) The recipient shall submit monthly progress reports to the Project Officer. The recipient shall meet with the Project Officer on an as-needed basis as determined by the Project Officer.

(8) The recipient shall arrange an annual meeting (for appropriate government, professional and community officials) to provide briefings regarding programmatic outcomes, evaluation plans, strategies, agreements, and to provide expertise regarding the identification of evolving

areas of concern affecting the minority populations targeted in the project.

(9) The recipient shall assist OMH staff in selecting potential sites for replicating the model.

#### *OMH Responsibilities*

Substantial programmatic involvement is as follows:

(1) OMH shall arrange an initial orientation meeting to: discuss and finalize a project management plan; clarify roles and responsibilities of the recipient, collaborating community based organizations, and OMH and other Federal agency staff participating in the project; establish clear lines of communication.

(2) OMH shall introduce the project participants to other PHS and Department of Health and Human Services (DHHS) staff, in particular, staff of cancer programs at the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC), for technical and programmatic consultation and assistance; and to discuss and review a workplan.

(3) OMH staff shall provide technical assistance and oversight as necessary to project staff and consultants for the overall design, implementation, conduct, and assessment of project activities.

(4) OMH staff shall provide technical assistance to the recipient in the design, development, and implementation of the evaluation plans and strategies.

(5) OMH staff shall review and approve all evaluation plans and strategies prior to implementation.

(6) OMH staff shall assist the recipient in arranging for consultation, on an as-needed basis, from other Government agencies and non-governmental organizations such as the American Cancer Society.

(7) OMH staff shall be responsible for the selection of potential sights for replicating the project.

(8) OMH staff shall facilitate the cooperation of organizations that have grant programs within the service area. These programs will include the following: Health Careers Opportunity Program (HCOP), Centers of Excellence (COE), Minority Community Health Coalition Demonstration, and Public Housing Primary Care Program. In addition to these programs, OMH staff will facilitate the cooperation of national organizations such as: National Medical Association, National Dental Association, Hispanic Dental Association and Interamerican College of Physicians and Surgeons.

(9) OMH shall be responsible for the printing and distribution of the manual

for replicating the model in similar communities.

#### **Review of Applications**

Applications will be screened upon receipt. Those that are judged to be incomplete, non-responsive to the announcement or nonconforming will be returned without comment.

Applications judged to be complete, conforming, and responsive, will be reviewed for technical merit in accordance with PHS policies.

Applications will be evaluated by Federal reviewers. Applicants are advised to pay close attention to program guidelines, review criteria, and the general and supplemental instructions provided in the application kit.

#### **Contacts**

Applications will be prepared on PHS Standard Form 5161-1 (approved by OMB under control number 0937-0189). Application kits and technical assistance on business and grants management information may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, Maryland 20852, telephone number (301) 594-0758. Completed applications are to be submitted to the same address.

For program information, contact Mr. John H. Walker, III, Project Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone number (301) 594-0769.

#### **Application Deadline**

To receive consideration, grant applications must be received by C.O.B. (30 days from the date of this publication). Applications will be considered as meeting the deadline if they are either: (1) Received on or before the deadline date, or (2) sent on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing. Applications which do not meet the deadline will be considered late and will be returned to the applicant.

#### **Provision of Smoke-Free Workplace and Non-Use of Tobacco Products by Recipients of PHS Grants**

PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In

addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

#### State Reviews

Applications are subject to state review as governed by Executive Order 12372, Intergovernmental Review of Federal Programs. All comments from a State office must be received by the Office of Minority Health's Grants Management Officer within 60 days after the application deadline. Applicants should contact the appropriate State Single Points of Contact (SPOC) early in the application preparation process. A list of the SPOCs

is enclosed with the application kit material.

#### Public Health System Reporting Requirements

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, an applicant involving a community based nongovernmental organization must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Applicants involving community-based nongovernmental organizations are required to submit the following information to the head of the

appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date: (a) a copy of the face page of the applications (SF 424), (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) a description of the population to be served, (2) a summary of the services to be provided, (3) a description of the coordination planned with the appropriate State or local health agencies.

There is no Catalog of Federal Domestic Assistance number for this program since it is a one-time project.

Dated: March 17, 1995.

**Clay E. Simpson, Jr.,**

*Acting Deputy Assistant Secretary for Minority Health.*

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